



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
William A. Hinton State Laboratory Institute  
305 South Street, Jamaica Plain, MA 02130

DEVAL L. PATRICK  
GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

CHERYL BARTLETT, RN  
COMMISSIONER

Bureau of Infectious Disease

Tel: (617) 983-6550

Fax: (617) 983-6925

[www.mass.gov/dph](http://www.mass.gov/dph)

**Ebola Guidance for School Nurses**

**Updated: November 21, 2014**

The ongoing outbreak of Ebola virus disease (Ebola) in West Africa, and subsequent isolated transmission of the virus in the United States, has resulted in heightened public health vigilance nationwide. As a school nurse, you can play a vital role in Ebola response efforts by educating teachers and administrative staff in your school about the actual—rather than perceived—risk of Ebola in the United States.

FACT: There have been no confirmed cases of Ebola in Massachusetts. For an individual to be considered at risk for Ebola, he or she must have:

- ✓ Traveled in the past 21 days to Guinea, Sierra Leone, Liberia or other country that has been designated by CDC as presenting a risk of exposure [see [CDC](#) and [Massachusetts Department of Public Health \(DPH\)](#) guidance]

**AND/OR**

- ✓ Direct contact with the blood or body fluids of someone with Ebola virus disease or who has died with Ebola virus disease

**AND**

- ✓ Fever of 100.4° F (38° C) or higher; and symptoms such as headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bleeding.

FACT: It is extraordinarily unlikely that a child at risk of Ebola would be attending a pre-school program, or primary or secondary school. It is possible that children could have parents or other family members who have traveled to Ebola-affected countries or are health care workers that have cared for Ebola patients, but at this time neither of these scenarios has occurred.

### Key Points to Remember:

- Public health agencies are aware of anyone arriving from Ebola-affected countries and are monitoring them for their period of risk of developing signs of infection.
- Even if someone has had an exposure that can lead to infection, they are not infectious unless they develop symptoms. Even then, they are least infectious at the onset of symptoms. They become more infectious as the disease progresses, by which time it is extremely unlikely that they would be in school.
- If a child attending school has a family member or other close contact that is considered at risk for exposure to Ebola virus, that individual or those individuals will be under the surveillance of the DPH and/or local public health for the entire duration of 21 days after last exposure. If one of these individuals develops symptoms, there will be an immediate intervention pending clinical evaluation to assure the health of the children and the public.
- The outer limit of the incubation period for Ebola is 21 days. If someone directly exposed to Ebola does not develop symptoms within 21 days, they are no longer at risk of developing disease.
- Ebola virus, much like HIV, is a very fragile virus. Basic cleaning and disinfection of surfaces contaminated by the blood and body fluids is all that is required.

### Checklist for Ruling Out Potential Ebola Cases

If there is a concern that a child in your school may have been exposed to Ebola and has symptoms that might be due to Ebola, you should take the following steps:

- ☐ Determine if the child has a travel history and/or any direct, unprotected contact with a known Ebola case. **Ebola can be ruled out immediately if the child has not traveled to Liberia, Guinea, Sierra Leone or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) and/or did not have exposure to a person with Ebola within the past 21 days.**
- ☐ If a child **does** have a travel history to an Ebola-affected country, or has had direct contact to a person with Ebola, and has symptoms, you should place the child in a private room with the door closed. Immediately contact DPH at (617) 983-6800 for a consultation. Boston school nurses should call the Boston Public Health Commission at (617) 534-5611. Maintain a distance of six feet from the symptomatic child.
- ☐ If, after consultation with DPH, the child in question meets the criteria for a suspect case of Ebola, you will be directed to call for emergency medical services, advise the EMS dispatcher that the individual to be transported meets the criteria

for a suspect case of Ebola and arrange for medical transport. Then follow your school's protocols for notifying parents/guardians of an emergency.

- ❑ If, in consultation with DPH epidemiologists, the individual in question does not meet criteria for a suspect Ebola case or contact, follow your normal school protocols.

#### **A Note about Personal Protective Equipment (PPE)**

- Because Ebola virus is only transmitted by direct, unprotected contact with a person's blood or bodily fluids, maintaining a distance of six feet from a possible case is protective.
- The only likely exposure in a school setting would be for very early clinical symptoms— before there is production of infectious fluids as occurs later in infection.
- Basic droplet and contact precautions, using appropriate PPE, is necessary only if there is close contact as described above.
- If purchase of PPE is considered, it is critical to understand how to properly put on and take off the equipment. If not used properly, PPE may become contaminated, and then contact with the virus may occur with removal of the PPE.

**YOU CAN REACH THE EPIDEMIOLOGY PROGRAM BY CALLING:  
617-983-6800  
24 HOURS A DAY**

**For more information visit:**

[DPH website](#)

[Boston Public Health Commission website](#)

[Centers for Disease Control and Prevention website](#)

The DPH, Division of Epidemiology and Immunization is available 24/7 at 617-983-6800 to answer your questions and provide advice about situations of concern.